

## **INFERTILITY SERVICES**

### **I. INTRODUCTION**

Infertility services comprise an important part of comprehensive reproductive health care. Infertility is defined as the absence of conception after at least one year of unprotected intercourse or therapeutic donor insemination. However, some clients, such as women who are older than 35 years or who have risk factors for infertility such as stage III or IV endometriosis or history of pelvic inflammatory disease (PID), may warrant earlier evaluation and treatment.

The causes of infertility can be divided into three general categories: 1) ovulation dysfunction; 2) female anatomic abnormalities; and 3) male factor dysfunction. About one third of infertility is due to female factors alone, one third is due to male factors and remaining third is due to either a combination of female and male factors, or remains unexplained. It is important, therefore, to assess both members of a couple seeking infertility services.

The main objective of infertility medical services is to seek out and correct the causes of infertility, to provide accurate information and emotional support to each partner, and to advise clients when an appropriate time has been reached to seek further specialized care or to discontinue the evaluation.

### **II. GENERAL INFORMATION**

A Title X Family Planning clinical site may not be able to provide the full range of infertility diagnosis and treatment services. However delegate agencies **must** provide Level I Infertility Services at a minimum, which includes:

- A. Initial infertility interview
- B. Education regarding causes of and treatment options for infertility
- C. Physical examination
- D. Counseling
- E. Appropriate referral.

These services must be provided at the client's request.

Clinic personnel may obtain client histories, identify risk factors, perform pregnancy testing, and provide client counseling, education, referral and follow-up. Because of the specialized educational, counseling, and medical care needs of clients with infertility, and in light of the rapid rate of clinical advances in reproductive medicine, only clinicians with special training and experience in this area may provide a more complex infertility service.

### **III. CLIENT SELECTION**

The ideal circumstance for the performance of an infertility evaluation is the active involvement of both partners in the relationship (if applicable). An attempt

should be made to involve the male partner (if applicable) in education and counseling. A complete medical history and physical exam is not required before further evaluation of the female partner. Marriage should not be considered a prerequisite to infertility evaluation.

Basic infertility information must be available to any client upon request. Level 1 infertility services should be provided to:

- A. Clients experiencing involuntary infertility after unprotected intercourse with the same partner for one year or more, in the absence of a known cause of infertility.
- B. Presence of known, pre-existing male or female factors affecting fertility including advanced reproductive age, history of oligomenorrhea or amenorrhea; known or suspected uterine, tubal or peritoneal disease; stage III or IV endometriosis; or known or suspected male subfertility.

#### IV. CLIENT EDUCATION/ INFORMED CONSENT

- A. Explore personal/couple concerns related to infertility. It is essential that clients be provided with basic information about human reproduction as it relates to their specific infertility situation. Helpful informational handouts for patients on many topics related to infertility can be found at: [www.reproductivefacts.org/FactSheetsandBooklets](http://www.reproductivefacts.org/FactSheetsandBooklets).
- B. Initial client education and counseling should include:
  - 1. Information regarding normal reproductive anatomy and physiology, female and male infertility, including common causes, prevalence, evaluation and treatment
  - 2. Discussion of the emotional and time commitment required for an infertility work-up, including the potential for success
  - 3. Explanation of the services available and indications for referral
  - 4. Discussion of financial factors. Fees for referral services are the responsibility of the client
- C. Provide written and verbal information on fertility awareness through monitoring:
  - 1. Basal body temperature
  - 2. Menstrual cycle
  - 3. Cervical mucus
  - 4. Factors influencing male fertility
- D. If appropriate, this would be an opportune time for preconception counseling.
- E. Education and counseling provided must be documented in the client's medical record.

#### V. MEDICAL SCREENING AND EVALUATION

- A. History: A comprehensive medical and social history stressing reproductive factors must be obtained from each female client, and should be sought from male partners.
- B. History should include:
  - 1. Menstrual history and Last Normal Menstrual Period (LNMP)

2. Pregnancy history
3. Current and previous contraceptive methods
4. Pelvic infections, sexually transmitted infections
5. Pelvic surgery
6. Medical history
7. Medications (prescribed and over the counter)
8. Occupational exposures-client and partner
- C. Physical Examination & Lab Testing (per delegate agency site Medical Director approved clinical protocols)

## VI. REFERRAL

- A. Provided to individuals in the following categories:
  1. Individuals found to have congenital or acquired medical conditions that require management before pregnancy is advised (i.e. uncontrolled diabetes, thyroid disease, uncontrolled hypertension, morbid obesity)
  2. Women determined to have a medical condition that contraindicates pregnancy (i.e. severe diabetic vascular disease, ongoing substance abuse, etc.)
  3. Involuntary infertility after unprotected intercourse with same partner for one year or more in the absence of a known cause of infertility
  4. Presence of known pre-existing male or female factors affecting fertility
- B. Referral sources
  1. Sites should maintain an updated list of infertility referral resources
  2. Clients should be made aware that fees for referral services are the responsibility of the client
- C. Documentation
  1. Documentation of the referral must be made in the client's medical record
  2. Education and counseling provided regarding the reasons for referral must be documented in the client's medical record.

## REFERENCES

American College of Obstetricians and Gynecologists (ACOG). Guidelines for Women's Health Care: A Resource Manual – 4<sup>th</sup> Edition. Washington DC: ACOG, 2014.

Hatcher, Robert Anthony, and Anita L. Nelson. *Contraceptive technology*. Ardent Media, 2007.

[www.reproductivefacts.org/FactSheetsandBooklets](http://www.reproductivefacts.org/FactSheetsandBooklets)

[www.reproductivefacts.org/Booklet\\_Infertility\\_An\\_Overview](http://www.reproductivefacts.org/Booklet_Infertility_An_Overview)